

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> SUBWAY #3954	<b>Telephone Number</b> Est 812/948-7822 Own (502) 541-5820	<b>Date of Inspection</b> 08/17/2021	<b>ID#</b>		
<b>Address</b> 3400 GRANT LINE ROAD SUITE D, NEW ALBANY IN 4					
<b>Owner</b> DEANNA BURKHART	<b>Purpose</b> <u>    </u> Routine <u> X </u> Follow-up <u>    </u> Complaint <u>    </u> Pre-Operational <u>    </u> Temporary <u>    </u> HACCP <u>    </u> Other (list)	<b>Follow Up</b>	<b>Released</b> 08/27/2021		
<b>Owner's Address</b> 9306 ARTHUR COFFMAN RD GREENVILLE, IN 47124					
<b>Person in Charge</b> DAQUAN WAGNER					
<b>Responsible Person's Email</b> MATT62087@GMAIL.COM		<b>Menu Type</b> 1 _ 2 <u> X </u> 3 _ 4 _ 5 _			
<b>Certified Food Handler</b> MATT DAYVAULT					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
430		X	X	Observed missing cabinet door on front handwashing sink cabinet. Owner stated they have contacted the corporate office to get required parts and are waiting on them to be restocked.	3 months
<b>Summary of Violations</b> C <u>  0  </u> NC <u>  1  </u> R <u>  1  </u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	